

1998, which was not punishable when done or omitted.

(c) The amendment made to Part IV, para. 45c.(2), authorizing a mistake of fact defense as to age in carnal knowledge prosecutions is effective in all cases in which the accused was arraigned on the offense of carnal knowledge, or for a greater offense that is later reduced to the lesser included offense of carnal knowledge, on or after February 10, 1996.

(d) Nothing in these amendments shall be construed to invalidate any nonjudicial punishment proceeding, restraint, investigation, referral of charges, trial in which arraignment occurred, or other action begun prior to May 27, 1998, and any such nonjudicial punishment proceeding, restraint, investigation, referral of charges, trial or other action may proceed in the same manner and with the same effect as if these amendments had not been prescribed.

William J. Clinton

The White House,
May 27, 1998.

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NOTE: This Executive order was released by the Office of the Press Secretary on May 28, and it will be published in the *Federal Register* on June 2.

Remarks on the Patients' Bill of Rights

May 28, 1998

Not much left for me to say, is there?
[Laughter]

Let me say, first of all, how much I appreciate the work that Secretary Shalala and Secretary Herman have done on our quality health care commission. Dr. Benjamin, thank you for your life's work and for your leadership. Mr. Vice President, thank you for everything you've done in the last 5½ years on health care. And thank you, Ricka, for reminding us of what this is really all about.

Detonation of a Nuclear Device by Pakistan

I have a number of things I would like to say about this that I hope will not be repetitive. But because of the explosion of the nuclear tests this morning by the Government of Pakistan, I'd like to make a brief statement about that first, since this is my only opportunity to communicate with the media and the American people on that issue.

First, I deplore the decision. By failing to exercise restraint and responding to the Indian test, Pakistan lost a truly priceless opportunity to strengthen its own security, to improve its political standing in the eyes of the world. And although Pakistan was not the first to test, two wrongs don't make a right. I have made it clear to the leaders of Pakistan that we have no choice but to impose sanctions pursuant to the Glenn amendment as is required by law. [Applause] Thank you.

Now I want to say again, it is now more urgent than it was yesterday that both Pakistan and India renounce further tests, sign the Comprehensive Test Ban Treaty, and take decisive steps to reduce tensions in South Asia and reverse the dangerous arms race.

I cannot believe that we are about to start the 21st century by having the Indian subcontinent repeat the worst mistakes of the 20th century, when we know it is not necessary to peace, to security, to prosperity, to national greatness, or personal fulfillment. And I hope that the determined efforts of the United States and our allies will be successful in helping the parties who must themselves decide how to define their future to defuse tensions and avoid further errors.

Now, if I might, I'd like to say just a few words about what we have been talking about here. And we have seen the human face of this issue in Ricka's story and in Dr. Benjamin's testimony. If you just back a step away, if you think about all the exciting things that are happening and how the world is changing, how technology and globalization and scientific advances are changing the way we work and live and relate to each other, it is clear that we are living in a moment of really pivotal change in human society.

At every such moment, the trick is to take advantage of the changes that are positive

and not be consumed by their negative aspects or, to put it in another way, to meet the challenges of the future without giving up but, instead, enhancing the most enduring values of the society.

Now, that's what we've been trying to do throughout the last 6 years on a whole lot of issues. Yes, we balanced the budget and earlier than anybody thought we could, but we continued to invest in education and health care and the environment and research. Yes, I want to have this surplus, but I don't want to spend a penny of it, even for things that I would like, until I know that we have secured the Social Security system for the 21st century so that when the baby boomers like me retire we don't bankrupt our kids and keep them from raising our grandkids properly.

So you don't do the easy thing in the moment; you show a little restraint and think about the long-term interest of the country. You take advantage of the change of a healthier economy and a balanced budget and the surplus, but you don't just do what is right at hand. You think about the long term.

Now, yesterday we celebrated the year anniversary of our Welfare to Work Partnership; that's all these companies that help us to hire people from welfare. So yes, we said the welfare system wasn't working and people who are able-bodied ought to have to go to work, but by the way, they shouldn't wreck their responsibilities as parents. So they have to have jobs; they have to have child care; they have to have health care; they have to have transportation.

And if you think about this issue in this way, I think it will help us all to think about all the other challenges that we're facing. I mean, we've been very fortunate in America to have had the national wealth and the infrastructure of health care that we've had and the huge number of dedicated people we have here, physicians and nurses and other health care providers and support personnel. And because of technological and scientific advances and because we're learning how to do more outreach and preventive care, we now have the lowest infant mortality rate and the highest life expectancy in our history.

Because of the human genome project and because of the mapping that it will make it possible to do for young children, we actually have people seriously saying that babies who are born at the tip end of the 20th century may actually live to see the 22d century, not the 21st century. This is all great if you have access to it.

Now, if you look at what managed care has done—I mean, first we had a system which was basically pay as you go—and my mother started being a nurse anesthetist; people didn't have money; there was no Medicare; there was no Medicaid. I remember one time a fruit picker bringing her five bushels full of peaches to pay for his wife's surgery. And you know, I was young, and I thought it was a lot better than money. *[Laughter]* But it wasn't so good if—you couldn't pay your electric bill with peaches, you know. *[Laughter]*

So then we went into more and more insurance. We had Medicare; we had Medicaid; we had employer assisted insurance. Then we had this huge inflation in medical costs which led to two other trends. One was, unfortunately, fewer employers covering their employees at work. When the Vice President and I took office, about 40 percent of health care dollars were public dollars; now it's up over 45 percent. The other trend that occurred was, in an attempt to preserve the employer, private based health insurance plan and not have the whole thing go broke by having inflation go forward at 3 times the national average, new management systems were put into place.

So I don't think we should overlook the fact that managed care was a part of a response to an unsustainable situation with inflation and health care costs, and some good came out of it. But it's like every other change: If there are no brakes, if there's no value base, then the logic of the change will consume itself. I mean, that's basically the story you just heard.

So is managed care, per se, bad? No. Who could say it's bad to stop health care costs from going up at 3 times the rate of inflation? It was unsustainable. Eventually it would have consumed the whole economy. But no

change is inherently good without being anchored in basic values. Now that's all this Patients' Bill of Rights is about. It says: Okay, go have your managed care; get rid of all the waste; be more efficient; don't let us bankrupt ourselves; but don't ever send me another story like this. I don't want to hear any more like that. That's what this bill says. This bill says: You know, how can you let some person with the mentality of an accountant who will only see the number of what it costs to have somebody do her surgery, who will only see the number at the bottom line of what the chemotherapy costs, make a decision? We're not that kind of people. We're not that kind of society. And if we have to endure a smidgen more inflation, bring it on. That's all this is about.

Now, let me also say one other thing. This is urgent. You know, there have been a lot of other things going on during this session of Congress, and let them go on, but there ought to be some time taken to do the business of the American people. This is urgent.

How many more stories do we have to hear like Ricka's before we actually act? Believe me, there's another one; there's one right now, just while we're sitting here, that somebody else just like her somewhere in America going through something like she went through. And it will be somebody else tomorrow and somebody else the next day and somebody else the next day. This is not rocket science. This is a simple decision by a society to say: Okay, we want all the benefits we can possibly get from better and more efficient management and cost controls, but we don't intend to chunk out the values that make this a decent place to live and give up all the benefits we've gotten out of medical research and advances in the last 30 years by just throwing it away on this kind of stranglehold technique. We're not going to tolerate it anymore.

Now, I think—what I hope will happen, because all of you have come together here today, is that we will have, first of all, a general up feeling in the country that we have to do more on this to get this done in this session right now; secondly, that the people who are part of all your organizations or affiliates around the country will become more active; and thirdly—and Secretary Shalala

and Dr. Benjamin in different ways alluded to this—that we will have a special increase in intensity among women in America about this.

We have a report which was handed to me—you probably saw them hand it to me, because they forgot—[laughter]—on a State-by-State analysis of what this bill would mean to women. Now, in addition to the points that were made by previous speakers about this, I think it's important to note that according to all the research that we have, three-quarters of all the health care decisions in this country are made by women. In many households, women are taking care of sick children, taking them to the doctor, caring for elderly parents, paying the medical bills. Women also, unfortunately, more frequently suffer from chronic illnesses that require constant and specialized medical attention. So there are special stakes here for the women of America.

There's another point I want to make that was mentioned by the Vice President, but I want to hammer this home. This really is a problem that must have a national solution. People say to me all the time, "Well, you know, you used to be a Governor. Let the States do this" or "State legislation passing all the time." Well, first let me say I'm grateful for that State legislation, and I thank Governors of both parties who have supported it. Forty-four States have passed some kind of legislation. But some of the States have only passed one of the provisions of the many provisions in the Patients' Bill of Rights, first of all. Secondly, there are 122 million Americans, out of a population of 260 million—122 million of us are enrolled in plans not fully governed by State law. For example, just take California, our most populous State. If California passed the bill now pending in Congress, which is quite comprehensive, there would still be 13 million of the 30 million Californians who'd be totally unaffected by it, because as Secretary Herman said, because of the way ERISA works. So there has to be a national solution.

Now, all of you know that there are some pretty powerful special interests who are up here working against this bill. My answer is the previous speaker. So I think if you go back home and you think about this and you

try to mobilize your friends and the people that are affiliated with it, first of all, think about how this is a specific example of the kind of challenges we face at this moment in our history—all this technology, all these changes, everything going on. And it is fundamentally the test of a decent society and certainly a great democracy like ours that we embrace all the changes that are going on, but we do it in a way consistent with the basic values that got us where we are over the last 220 years. Secondly, remember to put a human face on it, and remember every day that goes by that this bill does not pass—every single day somewhere in America there's another story like Ricka's. There ought not to ever be another one, and with your help we can stop it.

Thank you, and God bless you.

NOTE: The President spoke at 10:50 a.m. in Room 450 of the Old Executive Office Building. In his remarks, he referred to Ricka Powers, breast cancer patient who introduced the President; and Regina Benjamin, M.D., member, board of trustees, American Medical Association.

Statement on Signing an Executive Order on Equal Employment Opportunity in the Federal Government

May 28, 1998

Today I have signed an Executive order entitled "Further Amendment to Executive Order 11478, Equal Employment Opportunity in the Federal Government." The order provides a uniform policy for the Federal Government to prohibit discrimination based on sexual orientation in the Federal civilian workforce and states that policy for the first time in an Executive order of the President.

It has always been the practice of this administration to prohibit discrimination in employment based on sexual orientation in the civilian workforce, and most Federal agencies and departments have taken actions, such as the issuance of policy directives or memoranda from the agency heads, to memorialize that policy. The Executive order I have signed today will ensure that there is a uniform policy throughout the Federal

Government by adding sexual orientation to the list of categories for which discrimination is prohibited in Executive Order 11478 (i.e., race, color, religion, sex, national origin, handicap, or age).

This Executive order states administration policy but does not and cannot create any new enforcement rights (such as the ability to proceed before the Equal Employment Opportunity Commission). Those rights can be granted only by legislation passed by the Congress, such as the Employment Non-Discrimination Act. I again call upon Congress to pass this important piece of civil rights legislation which would extend these basic employment discrimination protections to all gay and lesbian Americans. Individuals should not be denied a job on the basis of something that has no relationship to their ability to perform their work.

Executive Order 13087—Further Amendment to Executive Order 11478, Equal Employment Opportunity in the Federal Government

May 28, 1998

By the authority vested in me as President by the Constitution and the laws of the United States, and in order to provide for a uniform policy for the Federal Government to prohibit discrimination based on sexual orientation, it is hereby ordered that Executive Order 11478, as amended, is further amended as follows:

Section 1. The first sentence of section 1 is amended by substituting "age, or sexual orientation" for "or age".

Sec. 2. The second sentence of section 1 is amended by striking the period and adding at the end of the sentence " , to the extent permitted by law."

William J. Clinton

The White House,
May 28, 1998.

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